

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



1 File Number U - 9416

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing	4 Name, file number, and a	duress of labor organizat	
Name   LESLIE   M   DAVIDSON	Name   PLUMBERS &	PIPEFITTERS LOCAL	L 430
	Labor Organization File N	lumber <i>540 908</i>	
P O Box, Bldg , Room No , if any	P O Box, Building and R	oom Number, if any	<del></del> -
Street 10106 EAST 91 CIRCLE NORTH	Street 2908 NORTH	HARVARD	- , , , , , , , , , , , , , , , , , , ,
City OWASSO	City TULSA	-	<del></del>
State Oklahoma ZIP Code + 4 74055-6834	State Oklahoma	ZIP	Code + 4 74115-2404
5 Position in labor organization AGENT/ORGANIZER			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu-	usions set forth in the instruction	conomic benefit of	<u> </u>
monetary value from an employer whose employees your organizati	on represents or is active	ly seeking to represent	
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Tran	saction, or Income	
6 Name and address of Employer (including trade name, if any)  Name	7 a Nature of Interest, Tran	nsaction, or Income	
	7 a Nature of Interest, Tran	nsaction, or Income	
Name	ļ	nsaction, or income	
NameTrade Name, if any	7 a Nature of Interest, Tran	nsaction, or Income	
Name Trade Name, if any P O Box, Bldg , Room No , if any	ļ	nsaction, or Income	
Trade Name, if any P O Box, Bldg , Room No , if any Street	ļ	nsaction, or income	
Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	ļ	nsaction, or Income	
Name Trade Name, if any P O Box, Bidg , Room No , if any Street City State ZIP Code + 4	7 b Amount.  7 b Amount.  Perjury and other applicable ying documents), has been ex	penalties of the law, that	all of the information and is, to the best of the
Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State ZIP Code + 4  Sign  15 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	7 b Amount.  7 b Amount.  Perjury and other applicable ying documents), has been ex	penalties of the law, that	and is, to the best of the

ť	<b>%</b> ~,		_
	Name of Person Filing	LESLIE DAVIDSON	File Number U-

substantial part of which consists of buying from selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8 Name and address of Business (including trade name, if any)  Name PLUMBERS PIPEFITTERS HEALTH WELFARE FUND  Trade Name, if any  PO Box, Bidg, Room No, if any  Street 2908 NORTH HARVARD  City TULSA  State Oklahoma  ZIP Code +4 74115-2404	9 Business deals with  X a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name, if any  P O Box, Bidg , Room No , if any	11 a Nature of such dealing UNION NEGOTIATES CONTRACTS AND AGREEMENTS REQUIRING CONTRIBUTIONS TOO HEALTH WELFARE FUNDS WITH SIGNATORY CONTRACTORS
City State ZIP Code + 4	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  CONFERENCE IN LAS VEGAS, NV NOV.7-NOVEMBER 10 ,2004  CONFERENCE REGISTRATION 500 00 HOTEL 162.00, MEAL  171.00, AIRFARE 345.00
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12 b Amount. \$1,178 er parts A and B above) or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name  Trade Name, if any	
P O Box, Bldg , Room No , if any Street City	
State ZIP Code + 4	

14 b Amount of payment.

13 b Is the Business an Employer

or Consultant